

\*14 MAY 29 A11 :09



FORM  
ORG  
(Rev. 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2014 ☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February ☒ March 1 - April 30 ☐ May 1 - December 31

**ORGANIZATION INFORMATION**

Sugarland Growers, Inc.

Organization Name

PO. Box 27

Larry Jefts

Contact Person

Mailing Address (Number and Street or P.O. Box)

Kunia

City

688-2892

Telephone

Extension

ljefts@aloha.net

Email Address

HI

State

96759

Zip Code

**PART I. TOTAL EXPENDITURES**

	Total Amount
1 Preparation & Distribution of Lobbying Materials_____1	_____
2 Media Advertising_____2	_____
3 Postage_____3	_____
4 Compensation Paid to Lobbyists ( <b>Attached Additional Sheets As Needed</b> ) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name	Compensation Paid
A. <u>Joy Gold dba: Joy Gold Unlimited</u>	A. <u>0.00</u>
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s)_____	G. _____
Add lines A through G_____	Total Compensation Paid ► 4 <u>0.00</u>
5 Fees Paid to Consultants (other than to Lobbyists)_____5	_____
6 Entertainment & Events_____6	_____
7 Receptions, Meals, Food & Beverages_____7	_____
8 Gifts_____8	_____
9 Loans_____9	_____
10 Other Disbursements_____10	_____
Add lines 1 through 10_____	Total Expenditures ► <u>0.00</u>

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value
N/A	

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value
N/A	

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value
N/A	

☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Agriculture                   | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

**AUTHORIZED PERSON**

Larry Jefts	President	5/23/2014
Print Name of Authorized Person (First M.I. Last)	Title	Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.